Subject: Suicide/Self Harm Intervention

Supersedes: DCS 19.1, 10/01/01

Local Policy: Yes
Local Procedures: Yes
Training Required: Yes
Applicable Practice Model Standard(s): Yes

Approved by: Linda P. Miller

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Application

To All Department of Children's Services Employees, Contract Mental Health Professionals, and Contract Agency Employees.

Authority:

TCA 37-5-106, 33-1-101, 33-6-101(a)(1); 33-3-401- 33-3-408

Policy

The Department of Children's Services and contract agency Case Manager's shall identify and/or monitor suicidal or self-injurious youth in a timely, prompt manner and intervene appropriately.

Procedures

A. Case Manager's Responsibilities

Case manager responsibilities regarding children/youth placed in out-of-home placements that exhibit suicidal/self harm behaviors are as follows:

1. Case managers conducting assessments of children/youth shall make specific inquiry into any history of suicidal behaviors and/or clinical depression. Information received shall be documented in the social history and used in the development of permanency plans, individual program plans, or other treatment plans.

2. The case manager or regional resource manager must verbally (with appropriate documentation) advise the

receiving facility of the child/youth's suicidal /self harm history.

3. If a child/youth is currently engaged in suicidal/self-injurious behaviors, or if there are indications that he/she might do so in the immediate future, the case manager shall refer the child/youth to an appropriately licensed physician, or qualified mental health professional for evaluation.

B. Responsibilities of YDCs, DCS group homes and contract provider staff

Youth development centers (YDCs), DCS group homes and contract facilities shall respond to suicidal/self injurious youth as follows:

1. Newly admitted youth in YDC's shall be given a suicide screening or questionnaire which has been approved by the facility psychologist to aid in determining the youth's current mental health status.
2. Newly admitted youth characterized by self injurious behaviors must be placed on a suicide management plan as described in *section E.* of this policy.
3. A qualified physician or mental health professional must assess all youth entering DCS and contract facilities for placement. The assessment must include a history and current indications of suicidal/self-injurious behavior.
4. Suicidal/self harm indications must be documented and a consultation with a qualified mental health professional must be promptly arranged within twenty-four (24) hours after the incident. Youth must be kept under "suicide watch" or "actively suicidal" status pending the mental health evaluation.
5. Any warnings or indications of suicide/self harm by others should be explored despite the possibility of manipulation.

C. Emergency situations

1. If any child/youth is engaged in suicidal or other self-injurious behavior, it is the duty of the staff to immediately render any necessary, life-saving intervention and to take precautions to safeguard child/youth from further harm.
2. In emergency situations with suicidal youth, staff must notify the ranking on-duty staff (treatment, security, responsible contract agency personnel) of all apparent suicide/self harm situations without delay, even if staff is unsure of the severity of the threat. After notification, documentation shall be made in the appropriate facility record(s), i.e. log, case notes, incident report.

3. Emergency mental health referrals and transfers for youth in YDCs shall be followed according to DCS policy *19.4, Emergency Mental Health Referrals and Transfers for Youth in DCS Youth Development Centers* and form *CS-0065*, *Formal Letter of Transfer* completed.
4. For children/youth in DCS group homes and contract agencies, the designated crisis unit shall be contacted. If there is a delay in response from the designated crisis unit in urgent situations, emergency medical services shall be obtained.

D. Determination of status and intervention

1. The qualified mental health professional shall determine whether the youth meets one of the following observation criteria, "Suicide Watch" or "Actively Suicidal."
2. All behavioral management needs of the youth with suicidal/self harm issues must be determined by the qualified mental health professional in consultation with on-site ranking facility managers/supervisors. A general staff "alert" must be issued in order to sensitize staff to the needs of the youth.
3. Removal or changes in suicidal status must be ordered in writing by the qualified mental health professional. On-site ranking facility managers/supervisors may place a youth on "Suicide Watch" or "Actively Suicidal" status pending consultation with the qualified mental health professional.
4. Should behaviors of the youth be declared "manipulation" after consultation with a qualified mental health professional, programmatic disciplinary consequences may be considered.

E. Development of local suicide management policies

1. Each youth development center, DCS group home and contract agency must develop a local suicide/self harm behavior management policy. The policy is to be reviewed and approved by the facility's administrator, quality assurance manager, medical officer and/or qualified mental health professional. The local policy must address suicidal/self harm management for youth according to the following status levels and interventions:

   a) **Suicide watch** shall be appropriate for youth who admit current thoughts of suicide, appear depressed, anxious, emotionally distraught, despondent, hopeless or helpless, and those being removed from "Actively Suicidal" status when such determination is made by a qualified mental health professional.

- For children/youth in DCS group homes and contract agencies, the regional designated crisis unit assessment team should be contacted. If there is a delay in response from the designated crisis unit in an urgent situation(s) of dire distress, emergency medical services should be obtained.

- Each facility policy must make provisions for youth of this status to be assessed by a qualified mental health professional within twenty-four 24 hours of status assignment. Professional recommendations must be followed.

- Youth on "Suicide Watch" status are required to sleep in an area that allows continuous visual observation by staff. They may be allowed to continue normal daily routines as long as continuous visual contact is maintained. Designated staff must make themselves available to talk with the youth. They must also document observations in required formats.

- The "Suicide Watch" status must be reviewed every seventy-two (72) hours by a qualified mental health professional pending the determination of status removal. Contract agencies shall follow review procedures as identified in this policy and the DCS Provider Policy Manual.

b) Actively suicidal must be given to youth who currently threaten or attempt self-harm. It must include suicide gestures and self harm behaviors that may appear to be manipulative. Knowledge of these behaviors may be gained from observation, youth's self report, or information reported by others about the youth. Youth self-report may include a plan for suicide. Staff shall document any such plans discussed or discovered.

- For children/youth in DCS group homes and contract agencies, the regional designated crisis unit assessment team should be contacted. If there is a delay in response from the designated crisis unit in an urgent situation(s) of dire distress, emergency medical services should be obtained.

- Local policy must require staff to report any suspicion of suicidal/self harm behaviors to on-site ranking facility managers/supervisors without delay.

Managers in turn, consult with the qualified mental health professional. The youth remains under constant observation pending evaluation.

- Youth determined to be "Actively Suicidal" by a qualified mental health professional may require one-on-one supervision. **MECHANICAL RESTRAINTS MAY BE DEEMED NECESSARY FOR YOUTH WHO ARE EXTREMELY SELF INJURIOUS OR ASSAULTIVE** (Refer to DCS policies *27.1 Use of Mechanical Restraints*; *27.35 Use of Mechanical Restraints For Youth Development Centers (DOE)* *and the DCS Provider Policy Manual*).

- Youth who require less than one-on-one supervision may benefit from varied behavioral management options, as recommended by the qualified mental health professional. Continuous visual supervision shall be maintained. Youth must be required to sleep in areas that allow direct, visual and verbal contact by staff.

- The use of a more restrictive setting may be utilized, when determined appropriate by the attending qualified mental health professional. Youth placed in confinement or a more restrictive setting shall be checked by visual observation of staff at staggered intervals of no more than fifteen (15) minutes.

- As ordered by a qualified mental health professional, staff may restrict access by youth to bedclothes, eating utensils, furniture and other personal effects that might be utilized in a self-injurious manner. Staff must recognize that use of a restrictive setting may be emotionally isolating for these youth and must attempt to reduce these effects through increased contact of a supportive nature.

- "Actively Suicidal" youths must be assessed every twenty-four (24) hours by a qualified mental health professional pending status removal. All professional recommendations must be documented and followed as provided by the qualified mental health professional.

- "Actively Suicidal" youths must be considered for emergency and standard mental health transfers, as outlined in DCS policies *19.3*, *Standard Mental Health Referrals and Transfers for DCS Facility*

Youth and *19.4*, *Emergency Mental Health Referrals and Transfers for Youth in DCS Youth Development Centers* and form *CS-0065*, *Formal Letter of Transfer* completed.

F. Criteria for mental health referrals

1. After consultation with the legally qualified physician or qualified mental health professional, it is determined that the child/youth is suffering from a psychiatric disorder, a certificate of need must be completed documenting that the child/youth is mentally ill and in need of residential care and treatment which cannot be provided by DCS and which can be provided at an appropriate residential program of the Department of Mental Health and Developmental Disabilities.

2. Once the *Certificate of Need* is completed, the parent(s) or legal guardians on behalf of the child/youth who is less than eighteen (18) years of age may apply for admission to a public or private hospital or treatment resource for diagnosis, observation and treatment of mental illness.

3. Treatment resources shall include, but are not limited to, a licensed hospital, community mental health center, detoxification center or rehabilitation center.

4. The case manager shall review the status of the referral with the family/legal guardians of the child/youth and at each contact until appropriate intervention has been accomplished.

5. Children/youth who are pending program placement and are determined to have significant suicidal tendencies must be carefully assessed by a licensed physician, licensed psychologist or licensed psychiatrist designated as a health services provider for appropriate placement. Such placement shall appropriately serve the total behavioral management needs of the child/youth. Prior to the completion of assessment, any information regarding suicidal/self harm shall be immediately conveyed verbally (with appropriate documentation) and then forwarded in writing to staff at the child/youth's current placement.

6. The case manager or regional resource manager must verbally (with appropriate documentation) advise the designated treatment official at any receiving facility of the child/youth's suicidal/self harm history. Notification shall also be made in writing in the referral packet.

7. Children/youth not actively suicidal but considered at moderate to serious risk of self-harm are appropriate for referral to a Level 3 residential contract facility, only. Children/youth considered "actively suicidal" are appropriate for referral to a Level 4 contract facility, only.

G. Staff training and development All DCS and contract staff that directly supervises youth must have at a minimum, pre-service and annual training in the identification, treatment and handling of youth at risk for suicide or self-harm.

Forms

CS-0065 Formal Letter of Transfer Collateral Documents

Standards

ACA 3-JTS-3E-04

ACA 3-JCRF-4C-06

ACA 3-JTS-4C-22

ACA 3-JTS-4C-37

ACA 3-JTS-4C-41

DCS Practice Model Standard – 7-122D

DCS Practice Model Standard – 7-125D

DCS Practice Model Standard – 8-306

Glossary

Term	***Definition***
Mobile Crisis Response Teams (MCRT):	Any one of several teams located in community agencies across the state, the members of which, are authorized by DMH/DD to evaluate and certify persons for emergency inpatient treatment in a state mental health institute, (or in a psychiatric hospital designated by DMH/DD). The location and telephone number of the crisis response team in any particular area of the state can be determined by contacting the appropriate regional mental health institute, local mental health center, or DMH/DD central office. *TCA 33-2-601; 33-6-103*. The Community Mental Health Agency organizes and maintains specialized crisis services to provide assessments and appropriate referrals/triage quickly and effectively in order to

avoid crisis, or to inhibit the escalation of crisis that have already developed.

The goals of mobile crisis services are: to provide proactive crisis intervention services in natural environments (including the consumer's home and other accessible, appropriate locations in the community); to mobilize intensive treatment resources; to assist families/caregivers and consumers in coping with the crisis; and to reduce the likelihood of utilization of more restrictive treatment alternatives. Mobile crisis services are provided in an effort to reach persons who may have physical limitations or who are unable or unwilling to utilize traditional office based services. In addition, the Mobile Crisis Response Teams (MCRTs) will provide face-to-face pre-screening for all admissions to acute psychiatric facilities.

Qualified Mental Health Professional: A person who is licensed in the state, if required for the profession, and who is a psychiatrist; physician with expertise in psychiatry as determined by training, education, or experience; psychologist with health service provider designation; psychological examiner; social worker who is certified with two (2) years of mental health experience or licensed; marital and family therapist; masters degreed nurse who functions as a psychiatric nurse; professional counselor; or if the person is providing service to service recipients who are children, any of the above educational credentials plus two (2) years of full time mental health experience with children. *TCA 33-1-101*